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ABSTRACT

Reporting recent information from research and service programs, this report presents issues concerning young children and their families. The report includes six sections; contents focus on the growth and developmental needs of children under 3 years of age. Section 1 discusses the importance of attachment between a baby and one or two caregivers. In view of this strong need for attachment, implications and suggestions are listed for parental and public awareness. Infants' resilience and vulnerability are reviewed in section 2, as they relate to prenatal and infant care and public policy. The development of infants' individuality and the need for adequate training of caregivers is highlighted in section 3. Section 4 explores aspects of the environment that influence the child and points out support functions served by parent groups and community service agencies. Identification of infants at risk of developmental disorders is discussed in section 5 with implications for new treatment techniques and professional training. Appended in section 6 are very brief descriptions of a few programs providing services in the areas of parent education, perinatal care, developmental pediatrics, family support services, services to multi-risk families, comprehensive services, and public/private collaboration. (BJD)

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Infancy in the Eighties:
Social Policy in the Earliest Years of Life

A harvest of new knowledge about infant and toddler development is changing the way we look at the earliest years of life.

Using new research findings and clinical experience can increase the effectiveness of

- legislation affecting young children and their families
- programs for health screening and disease prevention, infant and toddler child care, parent education, supporting the family's ability to cope with the demands of daily living, maternal and child nutrition, developmental disability programs, and child abuse and neglect prevention.
- public and private policies toward parents in the workplace.

If you

- formulate policy concerning families
- design, direct, administer, or evaluate research or service programs
- work directly with parents, employers, health care professionals or educators

this report on the implications of new knowledge about the earliest years of life can be important and useful to you.

PS 013768

The National Center for Clinical Infant Programs is a non-profit, tax-exempt corporation. It was established in 1977 by outstanding representatives from the fields of mental health, pediatrics, child development, and related fields, as well as community leaders, in order to improve and support professional initiatives in infant mental health and development.

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Infancy in the Eighties:
Social Policy in the Earliest Years of Life

SUMMARY

During the past twenty years, researchers and practitioners have harvested a wealth of new knowledge about the development of infants and young children. We are learning about the many factors within the child, in the family, and in the larger environment which contribute to healthy development. We also understand more about circumstances which impair growth and techniques to help infants in the earliest months of life overcome problems which, if left untended, might lead to lifelong disability.

The National Center for Clinical Infant Programs, a non-profit organization aiming to promote infant mental health and development, believes that this new knowledge about the abilities of infants and toddlers and their needs during their earliest years can help policymakers reach decisions that will foster the optimal development of all our country's children.

This paper introduces information from research and service programs which is relevant to policy issues affecting young children and their families. National Center staff are also available to assist policymakers in locating data pertinent to their specialized concerns about infants and toddlers.

page 6 **ATTACHMENT**

8 **Attachment and Public Policy**

A secure relationship between a baby and one or two special people in the environment is essential to the growing child's development. The infant's need for attachment, for example, is a crucial consideration in addressing current concerns such as the growing national demand for child care, parents'

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needs for flexible time arrangements at the workplace, foster care, adoption and custody issues.

9 **RESILIENCE AND VULNERABILITY**
9 **Resilience, Vulnerability and Public Policy**
Although infants strive toward growth and development, infants are also more vulnerable than any other age group. Because we cannot afford to gamble with young lives, we need a continuum of services—good prenatal and well-baby care supplemented by more specialized services for those who need them.

10 **INFANTS AND TODDLERS AS INDIVIDUALS**
11 **Infants' Individuality and Public Policy**
At birth, every child has a particular temperament and a unique set of strengths and vulnerabilities. It takes knowledge and experience to recognize and respond to the special characteristics and needs of children who cannot yet talk. Training for caregivers and other professionals working with infants can help assure individualized attention.

12 **THE YOUNG CHILD'S ENVIRONMENT**
13 **The Support System and Public Policy**
Communities are recognizing that parenting is a challenge for any family and that former sources of help and guidance may not be available to many parents today. A range of informal and more intensive supports can help families develop the skills and confidence to raise their growing children.

14 **DEVELOPMENTAL DISORDERS OF INFANCY**
15 **Infants and Families at Risk and Public Policy**
We can identify with increasing precision those infants likely to face special problems in development. We also have many new treatment techniques for helping these infants and their families, but programs of professional training and service delivery are needed to enable the knowledge of specialists to improve the lives of children across the country.

17 **DESCRIPTION OF PROGRAMS**
Programs in parent education, perinatal care, developmental pediatrics, family support services, services to multi-risk families, comprehensive services, and public/private collaboration represent a few examples of many promising efforts to promote healthy development in the earliest years of life.

Infancy in the Eighties:
Social Policy in the Earliest Years of Life

Legislators, administrators, judges, health care and social service providers, business executives, educators, budget analysts, and, of course, parents constantly make decisions and choices which profoundly affect the lives of children under three.

These choices, whether personal or public, are closely connected. For example, when a family decides whether and for how long a parent remains at home to care for a newborn infant, its choice is influenced not only by the parents' own situation and feelings but also by employment patterns, inflation rates, company maternity leave policies, the availability of adequate child care, closeness to grandparents and neighbors, and community attitudes. When a state legislature enacts a comprehensive program to serve all children from birth to six who are handicapped, developmentally delayed or at risk for developmental delay, this decision changes the lives of thousands of families in highly individualized ways.

The past thirty years have seen a rich harvest of new knowledge about the cognitive, emotional and psychosocial development of infants, much of which is relevant to our public and private choices about young children. We now know a great deal about what infants and toddlers need for the fullest development of their innate capacities. We know much about what parents need for their own development as parents. We can recognize, sometimes even before birth and often in the first months of life, danger signs pointing to problems in development which are harder to treat the longer help is delayed and which may, if untreated, cause lifelong handicaps.

As a society, however, we have not yet applied our knowledge on behalf of young children and their families either widely or consistently. For example, research demonstrates that secure, consistent human relationships are important to a child's cognitive as well as emotional growth. Yet we do little to prepare new parents for their role, and we have neither met the need for high quality care for infants of mothers who work outside the home nor instituted a system of subsidized leave so that parents can take time to care for their own babies. We are learning more about the damaging effects that isolation can have on parents, particularly on adolescent or single mothers who may be especially stressed, but we are just beginning to create resources on the community and neighborhood level that recognize new parents' need for psychosocial supports for child rearing and the positive influence that increased parental self-confidence can have on children's development.

The National Center for Clinical Infant Programs believes that new knowledge about the abilities of infants and toddlers and their needs during their earliest years can help parents, planners, and policymakers at all levels reach decisions that will foster the optimal development of all our country's children. This paper introduces concepts, research findings and clinical data which are relevant to public policy issues affecting both children in general and the smaller group of infants, toddlers, and families with special needs. Subsequent short papers will examine specific social policy issues; National Center staff are also available to assist policymakers in locating research and clinical data pertinent to other infancy-related issues of special concern.

THE IMPORTANCE OF ATTACHMENT

A secure relationship between a baby and one or two special people in the environment is essential to the growing child's development. Classic research studies have shown that infants, though physically well cared for, can sicken and even die for lack of an emotional bond with a caregiver devoted to their particular well-being. More recently, we have learned that it is the

security of the relationship between an infant and a consistent, responsive adult which allows the child to feel comfortable in exploring the world and in developing new skills.

The bond between a baby and the one or two people who take primary responsibility for the child's care may begin to form as early as the first moments after birth. It is believed that babies are born with a readiness to become attached to others. As daily shared experiences, such as feeding, bathing, cuddling, smiles, and "baby talk," help the infant form a rich emotional attachment to the human world, the child, in turn, begins to reward the caregiver with coos, gurgles, and radiant smiles of recognition.

While the manifestations and character of the child's attachment will change during the first three years of life, consistent, responsive nurturing remains essential for the child's development. A two-year-old child who comes back to her mother for comfort and reassurance between active explorations of a playground needs that special relationship as much as an eight-month-old who is going through a period of expected dependency on a very few familiar individuals.

To promote the well-being of infants and toddlers, parents and other caregivers should be able to adapt to an infant's need for closeness and a toddler's requirements for a combination of independence and support. They must be not only responsive and loving, but available and flexible as well. To fulfill their role with children, parents and caregivers themselves need support—social and educational, at the workplace and in the community.

Attachment and Public Policy

- Many specialists in child development believe that parental leave for mothers or fathers of newborns should last at least four months. Such a policy would give infant and parent time to form the close, trusting relationship that is such an important foundation for future growth. This time can be as essential to the parent as it is to the child, as new parents recover from the stresses around birth, begin to know the baby as a unique individual and develop their caregiving capabilities.
- An infant who is cared for outside the home needs a main caregiver who is "special" and who can provide personalized, individualized attention. This might be a family day care mother, a caregiver in a center who has daily responsibility for only a few infants, or, in the case of a baby who is hospitalized, one nurse who takes on as much of the child's care as possible.
- Recognizing the toddler's need for reliable warmth and support means planning for continuity of care—not shifting child care arrangements abruptly simply because a child has reached its first birthday or learned to walk.
- New parents need to know the stages of development they can expect to see in their baby and the importance of attachment. Parent education programs, professionals trained in early development, and community family resource projects all have a role to play in giving parents the information they need to be realistic in their expectations about their babies—and themselves.
- Any programs designed to meet the needs of infants must support, rather than undermine, the relationship

between parents and child. Avoiding even the appearance of "taking over" an infant's care, particularly during the first months of life, professionals must look for ways to help parents build a solid, mutually enriching relationship with their baby.

- Recognizing that forming a lasting attachment involves continuing effort by both parents and infant, adoption programs should offer adoptive parents preparation and continuing guidance and support, particularly when infants are biologically stressed or adapting to an unfamiliar culture.

RESILIENCE AND VULNERABILITY

Students of infants growing up under stress suggest that babies will strive toward growth and development even in the face of massive handicaps or adverse environments. Infants, however, are also uniquely vulnerable. Because an infant is more dependent on caregivers than is an older child, it is more affected by insufficient, inconsistent, or negligent care. A baby is less able than an older child to cope actively with discomfort or stress from the environment or from within itself. A situation of adversity in the young child's experience is highly likely to cause delay in more than one area of development.

Good early care can bolster infants' and toddlers' own capacity to surmount environmental obstacles. Researchers have found that those children who are born free of congenital defects, who possess high levels of energy and responsiveness, and who receive a great deal of constant caregiving, particularly during the first year of life, are the children most likely to be resilient in the face of poverty and stressful life events.

Resilience, Vulnerability and Public Policy

Issues of infants' resilience and vulnerability are important to policymakers who are confronted with the argument that most children "turn out OK" without special health, education, or social programs.

Our increasing awareness of infants' abilities to use their senses and to respond actively to the environment convinces us that since babies are perceptive, feeling human beings, efforts to improve the quality of

their lives are important. Furthermore, a body of knowledge which allows us to identify some of the stresses on young children and families which are likely to result in developmental problems nevertheless recognizes the impossibility of predicting which individual infants will surmount handicaps and adversity and which will suffer serious impairment as children, adults and parents of the next generation.

Because we cannot afford to jeopardize the lives of our youngest citizens, a continuum of services is needed, offering psychosocial support, health maintenance, and opportunities for growth to all infants, toddlers and their families, supplemented by more intensive, specialized services to those who need them. We need excellent prenatal care for all expectant mothers as well as neonatal intensive care nurseries, family resource centers as well as child protection units.

INFANTS AND TODDLERS AS INDIVIDUALS

Researchers in infancy and early childhood recognize that every child has a particular temperament and a unique style of encountering and responding to the world. Fetuses *in utero* reveal differences in their level of activity and distinctive patterns of reacting to stress. At birth, and in the first weeks of life, individual temperament and constitutional make-up are clearly observable.

As he grows, the infant develops his own rhythms of sleep and waking, sensitivity to stimuli, ranges of mood, style of learning, and ways of interacting with people. Resonding to an infant's uniqueness becomes an important ingredient in good care. And while most parents are able to sense their baby's needs and build a strong, trusting relationship on the foundation of early caregiving, "mismatches" may also occur. Even an easygoing mother may become exhausted, and ultimately exasperated, by a very energetic baby; active parents may find a passive infant uninteresting. Infants who are frail, hypersensitive, or very premature may be demanding of, yet not particularly responsive to, or comforted by, their parents' care. Professionals working with both infant and family can assess such a baby's particular strengths as well as

Hope Stewart

vulnerabilities and help parents mobilize both their own and the baby's resources in the service of healthy growth.

Infants' Individuality and Public Policy

When we consider that more and more infants and toddlers are being cared for by people other than parents and close relatives for significant periods of time each day, we can see the challenge involved in respecting the individual styles of even the youngest children.

In addition to warmth and patience, caregivers need knowledge and experience in order to "read" a child's signals and respond appropriately to a baby's needs. Few of those who care for infants outside their families are trained in early development. How to provide support for adequate, appropriate training through

such models as the competency-based Child Development Associate credential and devise ways of assuring individualized child care for large numbers of very young children are major issues facing policymakers today.

THE YOUNG CHILD'S ENVIRONMENT

To understand an infant, we must look not only at his particular stage of development and unique combination of strengths and vulnerabilities, but also at the child's parents, family members, home and community. All these aspects of the environment affect the growing child.

Environmental factors influence the fetus in the womb. Nutriments, psychological experiences, drugs, and infection of the mother are transmitted to her fetus and affect its developmental potential and behavior, making good prenatal care an essential invest-

ment. By the time of birth, nature and nurture are already inextricably entwined.

While newborns were once thought to be unable to see, hear, or initiate action, more recent observations reveal that infants interact with, and help to shape, their environment from the very beginnings of life. Investigators are looking particularly closely at a baby's human relationships: those people with whom the infant interacts and the style and quality of that interaction influence the baby's current development and the child's long-lasting orientation to the world.

The world beyond the family is also part of an infant's environment. And while a baby's need for adequate nutrition, safe shelter, appropriate health care and supervision, and consistent love is the same now as a generation ago—or two centuries ago—the world which provides, or fails to provide, these essentials has changed radically in recent years.

The "support system" is a useful concept in looking at the environment of the developing infant. While the reality for many people may never have fit this image, our culture tends to picture a new baby spending his earliest years in his mother's devoted care, while she in turn is supported, emotionally and financially, by her husband. Included in the idealized picture are a network of grandparents, relatives, other couples with young children, and securely funded and adequately staffed medical, educational, religious, and recreational facilities in the community.

American geographic mobility, economic pressure, declining birth rates, and a host of other factors have combined to make this particular model of security for an infant and his family anything but a norm. In 1979, for example, adolescents, many of them single, gave birth to one-sixth of all babies born in the United States.

The Support System and Public Policy

Particularly on the local level, parent groups and community service agencies are recognizing that parenting is a challenge for any family, and that grandparents, experienced neighbors, and other sources of guidance may not be available. Informal parenting classes, telephone service providing advice in ordinary

problems of childrearing, drop-in centers for parents and children, and support groups of parents of infants with special needs are becoming important new ways of providing parents a chance to develop the self-confidence and security they need in order to do the demanding work of rearing a young child.

When demands on parents are unusually great, when parents are without the resources to create a secure environment for their infant, or when they are unable to find or to avail themselves of sufficient support in the community, other measures may be needed to promote healthy development of both infants and families. Various service models, including home visitor programs, parent-infant centers, and programs designed especially for adolescent parents, work toward the common goal of creating an environment for infants which fosters growth. More sophisticated research is needed to evaluate the effectiveness of such programs, as well as better mechanisms for sharing findings and methods among programs.

INFANTS AND FAMILIES AT RISK: DEVELOPMENTAL DISORDERS OF INFANCY

Every infant, from birth, can both act on and be deeply affected by the environment. Every infant needs an enduring, satisfying relationship with at least one special human caregiver.

When, as a society, we do not provide all children with opportunities for their fullest development and fail to support parents in their nurturing roles, the expectable stresses of early childhood may result in stunted emotional growth and wasted human potential. When we fail to provide specialized care for infants and families with needs beyond the ordinary, the costs to individuals and communities are even greater.

Those infants who are likely to face special problems in development, who are "at risk," can now be identified with increasing precision. Among these are low birthweight babies, infants with sensory deficits or central nervous system impairments, infants of adolescent mothers, and babies whose parents are mentally ill. Within these groups of infants and toddlers,

we can recognize the particular behavioral and emotional signals of infants who are in trouble—a four-month-old baby who loses, rather than gains, weight, for example, or a withdrawn toddler who seems no more responsive to her parents than to any other adult.

An early ameliorative response to developmental problems offers the best chance of mobilizing strengths within the child and in the environment to encourage the highest possible level of development. Parents, primary health care providers, professional specialists, volunteers, community organizations, state and regional networks and funding sources at all levels have an important role in providing integrated approaches to infants and their families which begin in pregnancy and the first year of life and recognize the complex interplay of factors crucial to a child's healthy growth.

Implications for Public Policy

As we think about infants and families at risk, try to weigh their needs against other demands on scarce resources and attempt to make the best use of available skills and services, we must consider several aspects of our current situation.

- The frequency of health, mental health, and developmental disorders in infants who live in stressful or noxious psychosocial environments is a nationwide problem. Furthermore, the problems of many infants and toddlers are caused or magnified by shortcomings in the system of delivery of effective health and social services to children and families.
- Even when services are available in communities, families most in need of help are often too isolated and too troubled to seek them. Outreach efforts are neither easy nor inexpensive, but long-term studies are beginning to show that intensive work with families and very young infants can interrupt generations of despair and prevent the enormous costs of emotional impairment.
- New knowledge and sophisticated treatment techniques can do only limited good in the hands of a few specialists. More training in earliest childhood development—both during the course of career educa-

tion and throughout working life—is needed by pediatricians, family physicians, nurses, social workers, day care providers, educators, and community planners—all those who give primary care and support to families at every stage of the life cycle.

SUMMARY

Thirty years of research on the earliest years of life have brought us an abundance of new knowledge about the complexity of human development and ways to give all children a good start toward healthy growth and productive well-being.

We have yet to put what we know into practice in any consistent, effective, large-scale way. We need to ensure for all young children understanding care appropriate to their specific stage of development. We need to support families, burdened by new demands and pressures, as they nurture their infants and toddlers and find a place in our communities. We need to share new knowledge with all who work with children and their families. We must provide specialized services for children at risk and respond promptly to signs of beginning developmental problems.

The National Center for Clinical Infant Programs hopes to join you in working on behalf of our very young children and their families. Our staff is available to provide you with more detailed information about the needs and abilities of infants and toddlers and to put you in touch with scholars, researchers, clinicians and program developers across the country who are leaders in this new field.

Robert Maust

APPENDIX

The programs described here are ones with which the National Center for Clinical Infant Programs is familiar. They represent just a few examples of many endeavors across the country which share a belief in the importance of healthy development in the earliest years of life and are working to promote this goal.

- **Parent Education**

The Education for Parenting Program of Philadelphia's Germantown Friends School, the result of a collaboration with the Medical College of Pennsylvania, has developed a parenting curriculum for kindergarten through 12th grade in which the children spend part of every Monday morning observing babies and toddlers brought to school by mothers from the community and discussing what they see. Founders of the program, who have exported their techniques to ten other schools, believe that learning parenting skills should be a gradual continuing process, beginning in the first years of school.

- **Perinatal Care**

In the course of observations in the United States and abroad, Marshall Klaus and John Kennell have rediscovered and emphasized (at a time when the professional and lay communities are ready to be influenced) the positive effect on labor and delivery of the presence of a supportive companion to the mother. They also found that close contact of mother and father with the newborn encouraged the beginnings of infant-parent attachment. Klaus, Kennell and their obstetrical colleagues have designed procedures at

Cleveland's Rainbow Babies' and Children's Hospital to permit as much contact as possible between parents and newborns. Many hospitals have also modified practices in premature nurseries and in Newborn Intensive Care Units so that parents can gradually assume care of low birthweight or sick infants and begin to feel the baby is really "theirs."

- **Developmental and Behavioral Pediatrics**

The pioneering training programs for pediatricians of Milton J. E. Senn at Cornell and C. Anderson Aldrich in Rochester in the 1940's were responsive to a recognized need to increase the sophistication of pediatricians in training about the psychological aspects of pediatrics. Since that time, the teaching of child development and behavior in departments of pediatrics has made steady, if episodic, progress. Joined by colleagues primarily in child psychiatry, psychology and social work, many pediatric departments in recent years have developed or intensified their educational programs in this area. The increasing number of children with psychosocial and behavioral disorders who come for help to pediatricians working in many settings has strengthened this trend.

Post-doctoral clinical and research training programs have been developed in a number of medical centers and universities for the purpose of increasing the number of specialists qualified to practice and to teach others. Continuing education for pediatric practitioners in developmental and behavioral pediatrics is also widely available.

- **Supporting Families**

Family Focus in Evanston, Illinois was founded on the beliefs that the first years of life are crucial ones in a child's development, that parents are the most significant people in children's lives, and that supporting parents during the early years of parenthood affects the lives of their children, both directly and indirectly.

Family Focus operates six neighborhood drop-in centers, including two for teens, teen parents, and their children, and has an affiliate parent cooperative program. Families can use the centers in ways that best suit their needs and can form the networks for sharing and cooperation that have often been missing from

communities in recent years.

A number of family support programs, ranging from parent cooperatives to programs associated with hospitals and social service agencies, have recently formed the Family Resource Coalition, a network for sharing skills, ideas, and information.

- **Work with Multi-Risk Factor Families**

Many infants born to families in this group are low in birthweight or suffer damage as a result of their mothers' poor nutrition, abuse of drugs, or alcoholism. Even when the newborn infant in a multi-risk family is constitutionally healthy and robust, the caregiving environment is so barren that the baby deteriorates during the first month of life rather than gaining in ability.

The Clinical Infant Development Program of the Mental Health Study Center of the National Institute of Mental Health in Adelphi, Maryland has found that appropriate clinical services provided to infants and families during the first year of life can decisively reduce maladaptation in the infant and enable parents to support the healthy development of the child. Comprehensive services are provided—concrete help with food, housing, and transportation; the benefits of an ongoing, trusting human relationship between service providers and parents; specific clinical techniques geared to an infant's particular developmental stage and problems; and a special support structure to provide therapeutic day care, family outreach, and staff training and supervision. Such programs require considerable initial investment in each family served; yet preliminary findings indicate that reduced need for foster care, hospitalization, and other costly remedial and protective services more than offsets the cost.

- **Comprehensive Services**

Providing a continuum of services to expectant parents, newborns, developing infants and their families remains a challenge. Thousands of parents whose babies experience more or less severe developmental problems recount the horrors of suspecting that something is very wrong, searching for a meaningful diagnosis, coping—often alone—with implications of a handicapping condition, and struggling to find thera-

peutic resources for a child and support for parents and siblings.

The Yale Child Welfare Research Project provided a spectrum of individualized medical, educational, social and psychological services to a group of low-income inner-city parents and their infants. Families chose the services that seemed appropriate to their situations. Many expressed appreciation for the continuity and flexibility of care available. A follow-up study, conducted five years later, indicated not only that children served by the project were functioning significantly better than a control group but also that project families had made remarkable gains in other areas of their lives.

- **Public/Private Collaboration**

The Ounce of Prevention Fund represents a new partnership between the Illinois Department of Family Services and the Pittway Corporation Charitable Foundation. Each organization is supplying funds for three years to support six primary prevention projects in Illinois.

The fund's leaders hypothesize that expenditures for family support programs which improve parents' self-esteem and competence will reduce costs otherwise paid for remedial help. All Ounce of Prevention programs combine research and service, and each will include parenting education, home visitors, supportive and self-help groups, individual counseling, advocacy, volunteers, services for teens, and interagency referral networks. In addition, some programs will have hospital or clinic-based prenatal, obstetrical, and well-child pediatric care.

All programs will have rigorous data collection components. A combined team of researchers from the University of Illinois School of Public Health and Northwestern University Center for Health Services and Policy Research will evaluate results to measure the cost-effectiveness of primary prevention with parents and infants.